



Patent  
Attorney's Docket No. 032751-016

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of )  
)  
Jean-Luc IMLER et al. ) Group Art Unit: 1632  
)  
Application No.: 09/218,143 ) Examiner: S. Priebe  
)  
Filed: December 22, 1998 )  
)  
For: DEFECTIVE ADENOVIRUSES AND )  
CORRESPONDING )  
COMPLEMENTATION LINES )  
)

**RECEIVED**  
MAY 14 2001  
TECH CENTER 1600/2900

**AMENDMENT AND REPLY TRANSMITTAL LETTER**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Enclosed is an Amendment and Reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.

☐ Also enclosed is \_\_\_\_\_.

☐ Small entity status is hereby claimed.

☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the  
[ ] \$355.00 (279) [ ] \$710.00 (179) fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) previously submitted \_\_, on \_\_, for which continued examination is  
requested.

☐ Applicant(s) request suspension of action by the Office until at least \_\_, which does not  
exceed three months from the filing of this RCE, in accordance with 37 C.F.R.  
§ 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a)  
(146/246) is also enclosed.

☒ An additional claim fee was paid with the unentered Amendment  
and Reply filed on April 12, 2001. Therefore, no additional claim fee is required  
by this submission.

☐ An additional claim fee is required, and is calculated as shown below:

(03/01)

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	9	MINUS 60 =	-0-	× \$18.00 (103) =	-0-
Independent Claims	5	MINUS 5 =	-0-	× \$80.00 (102) =	-0-
If Amendment adds multiple dependent claims, add \$270.00 (104)					
Total Amendment Fee					-0-
If small entity status is claimed, subtract 50% of Total Amendment Fee					
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					<b>-0-</b>

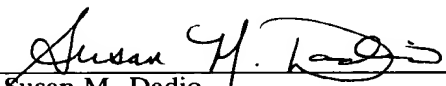
☐ A claim fee in the amount of \$\_\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:   
Susan M. Dadio  
Registration No. 40,373

P.O. Box 1404  
Alexandria, Virginia 22313-1404  
(703) 836-6620

Date: May 10, 2001